

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

Attorney Docket No. **01-221**First Inventor or Application Identifier **MURATA et al.**Title **STARTER HAVING PINION MOVEMENT
RESTRICTING MEMBER**

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1.
- ☒
- * Fee Transmittal Form (e.g., PTO/SB/17)
-
- (Submit an original and a duplicate for fee processing)

- 2.
- ☒
- Specification [Total Pages
- 16**
-]

-Descriptive title of the Invention

-Cross Reference to Related Applications

-Background of the Invention

-Summary of the Invention

-Brief Description of the Drawings

-Detailed Description of the Preferred Embodiment

-Claims

-Abstract of the Disclosure

- 3.
- ☒
- Drawing(s) (35 U.S.C. 113) [Total Sheets
- 5**
-]

4. Oath or Declaration [Total Sheets
- 4**
-]

- a.
- ☒
- Newly executed (original or copy)

- b.
- ☐
- Copy from a prior application (37 C.F.R. § 1.63 (d))
-
- (for continuation/divisional with Box 16 completed)

- i.
- ☐
- DELETION OF INVENTOR(S)
-
- Signed statement attached deleting
-
- inventor(s) named in the prior application,
-
- see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

- 5.
- ☐
- Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)

- a.
- ☐
- Computer Readable Copy

- b.
- ☐
- Paper Copy (identical to computer copy)

- c.
- ☐
- Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 7.
- ☒
- Assignment Papers (cover sheet & document(s))

- 8.
- ☐
- 37 C.F.R. § 3.73(b)
-
- Statement (when there is an assignee)
- ☐
- Power of Attorney

- 9.
- ☐
- English Translation Document (if applicable)

- 10.
- ☒
- Information Disclosure
-
- Statement (IDS)/PTO-1449
- ☒
- Copies of IDS
-
- Citations

- 11.
- ☐
- Preliminary Amendment

- 12.
- ☒
- Return Receipt Postcard (MPEP 503)
-
- (should be specifically itemized)

- 13.
- ☐
- *Small Entity
-
- Statement(s)
- ☐
- Statement filed in prior application,
-
- Status still proper and desired
-
- (PTO/SB/02-12)

- 14.
- ☐
- Certified Copy of Priority Document(s)
-
- (if foreign priority is claimed)

- 15.
- ☐
- Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____

Group/Att Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

- ☒
- Customer Number or Bar Code Label

(Insert Customer Number or Attach bar code label here)
23400or ☐ Correspondence address below

Name

PATENT & TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

(202) 416-1638

Fax

(202) 416-1639

Name (Print/type)

DAVID G. POSZ

Registration No. (Attorney/Agent)

37,701

Signature

Date

10-16-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete the form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

LAW OFFICE OF
DAVID G. POSZ
2000 L STREET, N.W., SUITE 200
WASHINGTON, D.C. 20036

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
KERRY S. CULPEPPER*

* ADMITTED IN VA ONLY

October 16, 2001

(202) 416-1638
FAX (202) 416-1639
POSZLAW.COM

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

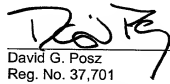
Sir:

OIPE HAND DELIVERY FILING CERTIFICATE

Applicant: MURATA et al.
For: STARTER HAVING PINION MOVEMENT RESTRICTING MEMBER
Docket: 01-221
Attorney: David G. Posz
Date of Deposit: October 16, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 16 page specification including 9 numbered claims;
- 5 sheets of formal drawings;
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (2 pages total);
- IDS with PTO-1449 form and 2 references;
- 2 certified copy(ies) of priority document(s) (JP 2000-321160, JP 2001-181278); and
- check for \$780.



David G. Posz
Reg. No. 37,701
Attorney for Applicant

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	October 16, 2001
First Named Inventor	MURATA et al.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	01-221

TOTAL AMOUNT OF PAYMENT (\$ 780)

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1147**

Deposit Account Name **LAW OFFICE OF DAVID G. POSZ**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Fee Description		Fee Paid
Large Entity Fee Code	Small Entity Fee Code			
105	130	205	65	
127	50	227	25	
139	130	139	130	
147	2,520	147	2,520	
112	920*	112	920*	
113	1,840*	113	1,840*	
115	110	215	55	
116	400	216	200	
117	920	217	460	
118	1440	218	720	
128	1960	228	980	
119	320	219	160	
120	320	220	160	
121	280	221	140	
138	1,510	138	1,510	
140	110	240	55	
141	1,280	241	640	
142	1,280	242	640	
143	460	243	230	
144	620	244	310	
122	130	122	130	
123	50	123	50	
126	180	126	180	
581	40	581	40	
146	740	246	370	
149	740	249	370	

Other fee (specify) _____

Other fee (specify) _____

40

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80

UTILITY FILING FEE **740**

DESIGN FILING FEE

PLANT FILING FEE

PROVISIONAL FILING FEE

SUBTOTAL (1) (\$ 740)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
16	-20***	0	18
2	-3***	0	84

Multiple Dependent

*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9

SUBTOTAL (2) (\$ 0)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40)

SUBMITTED BY

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(202) 416-1638
Signature		Date	10-16-01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.